Reservation Request Form



			Telephone:	
Email Address:			Fax No.:	
Guest Name #1			Guest Name #2:	
Telephone No.:			Email:	
Organization:				
Room Type:	Superior Room	(32 sq. m) Single 🗖	THB 3,200net/room/night	
	Superior Room	(35 sq. m) Twin	THB 3,200net/room/night	
No. of Guest (s)	: Adult	Child:		
No. of Room (s			aximum 3 people in room	
	d at THB 1,766net/person/room hai baht and inclusive of daily bro		*Rates are inclusive of government tax and ser	rvice charged
Arrival Date:		Flight Info	o:	Time:
Departure Date:		Flight Info	o:	Time:
Check-In Time:		Check out	Time:	
	check-out is subject to room ava			
Transfer to Hote	_	_	sfer to Airport:	s 🗖 No
_	ry @ THB 1,850 net/ca		Coyota Commuter Van @ THB 2	
□ Toyota Cam		1/way	oyota Committeer van @ 1115 2	2,400 flet/ Vall/ Way
Preferences:	☐ King Bed (Double	e Bed) Twin Bed		
Guarantee by:	Uisa Card	☐ Master Ca	ard AMEX Card	Other Card
Card Holder Na	me:			
Card No.:				
			Signature:	
Expiry Date:	tel to charge for one night room :	rate in case of No-Show or Late C		Hotel is requiring cancellation within 72 hrs withou
*I hereby authorize ho	tet to charge for one night room i			
*I hereby authorize ho penalty.	_	es are on guest's own ac	count and settle by cash or credi	it card upon departure
*I hereby authorize ho penalty.	All expens	-	ecount and settle by cash or credi	
Expiry Date: *I hereby authorize hopenalty: Payment: Special Note:	All expens	-	•	
*I hereby authorize ho penalty. Payment:	☐ All expens ☐ Other			
*I hereby authorize ho penalty. Payment: Special Note:	☐ All expens ☐ Other		CK THIS RESERVATION FO	

Please also copy your reservation form and send email to thalimne@tot.co.th, in case of assistance.